



PEOPLE LOCATION REPORTING FORM

51807

PLEASE PRINT CLEARLY

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Please use black ink or a #2 pencil to complete the form. The following will serve as an example:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

MID Number

Company

Date

Month Day Year

Social Security Number

Date of Birth

Month Day Year

Last Name

First Name

MI

Street Address (leave one space between each word)

City

State

Zip Code

Last Known Resident Phone

Last Known Employer Phone

Agreement #

Skip Date

Month Day Year



A First Advantage Company

FAX or MAIL this form to:
Teletrack, Inc.
Suite 600
5550-A Peachtree Pkwy
Norcross, GA 30092

SUBMITTED BY (Signature Required)

DO NOT include slow paying accounts, only those for which all avenues of collection have been exhausted.

DATA FAX: 678-229-1030
Phone: 770-449-8809
Phone: 800-729-6981